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## BIB DATA SHEET

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/454,486 03/13/2003 OK, VB, 10/29/2008

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\***  
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
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**TITLE**  
 Targeted and regional cellular ablation in zebrafish

<b>FILING FEE RECEIVED</b> 595	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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